



MAIL STOP AF

Complete If Known

Application No.	09/914,765
Filing Date	September 5, 2001
First Named Inventor	CHRISTENSEN, Preben et al.
Examiner Name	Sandra SAUCIER
Group Art Unit	1651
Attorney Docket No.	60123.000002

Total Amount Of Payment (\$) 440

## METHOD OF PAYMENT (check one)

1. ☒ The Commissioner for Patents is hereby authorized to charge indicated fees and credit any over payments to **Deposit Account No. 50-0206** in the name of Hunton & Williams LLP.

2. ☒ Check Enclosed. The Commissioner for Patents is hereby authorized to charge any variance between the amount enclosed and the Patent Office charges to **Deposit Account No. 50-0206** in the name of Hunton & Williams LLP, 1900 K Street, N.W., Suite 1200, Washington, D.C. 20006-1109.

## FEE CALCULATION

1. **BASIC FILING FEE** ☐ Large Entity ☐ Small Entity

## FEE PAID

Utility Filing Fee	\$
Design Filing Fee	\$
Plant Filing Fee	\$
Reissue Filing Fee	\$
Provisional Filing Fee	\$

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Fee Description	Fee Paid
<input type="checkbox"/> Surcharge - late filing fee or oath	\$
<input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet	\$
<input checked="" type="checkbox"/> 1 Month Extension of Time	\$ 110
<input checked="" type="checkbox"/> Notice of Appeal	\$ 330
<input type="checkbox"/> Filing Brief in Support of Appeal	\$
<input type="checkbox"/> Request for Oral Hearing	\$
<input type="checkbox"/> Utility Issue Fee (or Reissue) (including Publication Fee, if necessary)	\$
<input type="checkbox"/> Design Issue Fee	\$
<input type="checkbox"/> Plant Issue Fee	\$
<input type="checkbox"/> Petition to Commissioner	\$
<input type="checkbox"/> Petition to Revive (Unavoidable)	\$
<input type="checkbox"/> Petition to Revive (Unintentional)	\$
<input type="checkbox"/> Petitions Related to Provisional Applications	\$
<input type="checkbox"/> Submission of Information Disclosure Statement	\$
<input type="checkbox"/> Filing Submission After Final Rejection	\$
<input type="checkbox"/> Recording Each Patent Assignment Per Property	\$
<input type="checkbox"/> Filing Request for Reexamination	\$
<input type="checkbox"/> Other (specify) _____	\$

## 2. EXTRA CLAIMS FEES

## CLAIMS AS AMENDED

For	Number Present	Highest Number Paid For	Extra	Rate		Amount
				Large Entity	Small Entity	
TOTAL CLAIMS		20	0	x \$ 18.00	x \$ 9.00	\$ 0.00
INDEPENDENT CLAIMS		3	0	x \$ 86.00	x \$ 43.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS				\$ 290.00	\$ 145.00	\$ 0.00
<b>TOTAL EXTRA CLAIMS FEES</b>						<b>\$ 0.00</b>

SUBMITTED BY

Complete (if applicable)

Typed or Printed Name Jeffrey T. Perez

Registration No. 52,110

Signature

Date

February 27, 2004